

Georgia Department of Motor Vehicle Safety

1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354 (888) 774-1459 • (404) 675-6072 • <u>DriverEd@gadmvs.com</u>

<u>Affidavit – Fingerprint Cards</u>

Must submit original - Copies not acceptable (Erasures, whiteouts or other corrections/changes VOIDS this document).

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State of Georgia	
County of	
I do solemnly swear (or affirm) that the attached of the <u>applicant</u> named herein:	fingerprints are those
of the applicant hamed herein.	Name of Applicant
	Name of Applicant
	Signature of Official Taking Fingerprints
	Signature of Official Taking Fingerprints
	Name of Above Official's Agency
	ramo en riberto emidiar e rigente,
	Date of Fingerprinting
Note: Before sending in the fir	ngerprint cards, be sure to fill in the following information:
Residence	
☐ Place of Birth	
☐ Nationality	
☐ Age	
☐ Date of Birth	
☐ Height	
☐ Weight	
☐ Race	
☐ Color of Hair	
☐ Color of Eyes	
☐ Citizenship	
☐ Social Security Number	

The Fingerprint cards without the forgoing information will not be accepted.